

<i>SERFF Tracking Number:</i>	<i>META-126151470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42576</i>
<i>Company Tracking Number:</i>	<i>I09-15 A</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual LTCI Advertising</i>		
<i>Project Name/Number:</i>	<i>I09-15 A/I09-15 A</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising	SERFF Tr Num: META-126151470	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 42576
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: I09-15 A	State Status: Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Marie Bennett
	Author: Mary Rinaldi	Disposition Date: 06/10/2009
	Date Submitted: 06/04/2009	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: I09-15 A	Status of Filing in Domicile: Authorized
Project Number: I09-15 A	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/10/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/10/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

Metropolitan Life Insurance Company
 57 Greens Farms Road, Westport, CT 06880
 Tel 203 221-3859 Fax 203 221-6573
 Mrinaldi@metlife.com

Mary J. Rinaldi
 Long-Term Care

SERFF Tracking Number: *META-126151470* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *42576*
Company Tracking Number: *I09-15 A*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCI Advertising*
Project Name/Number: *I09-15 A/I09-15 A*

June 5, 2009

Re: Individual Long-Term Care Insurance Advertising

Advertising Form Number(s): ADF#1884.09

Description: LTC Selector

NAIC No. 65978 - FEIN No. 13-5581829

MetLife Company No. IO9-15 A

Dear Sir/Madam:

We enclose for filing a printed copy of the Individual long-term care advertising material referenced above. The material is intended for use with the following Individual long-term care policy form LTC2007 AR approved by your Department August 17, 2007.

The advertising material is new and does not replace any material previously filed with your Department.

This form is one of 4 forms in our MetLife LTCI SelectorSM series which we are concurrently submitting under MetLife Company numbers IO9-15 A, IO9-15 B, IO9-15 C, and IO9-15 D.

We consider this advertisement an Invitation To Inquire. The material is an agent tool to be used to initiate a discussion with potential clients about MetLife's long-term care insurance product. The piece will always be used by an agent with a client. It will not be given to a client for completion without the agent being present. Please be advised the material is not a direct mail piece.

This electronic submission includes PDFs of the following:

- the advertisement
- an explanation of variables identifying how the variable material will be modified
- the NAIC form
- this letter

The \$25. 00 filing fee check was submitted as a SERFF EFT transaction.

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Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,
 Mary J. Rinaldi
 Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance MKTG/AD Green Farms Road Westport, CT 06880	mrinaldi@metlife.com (203) 221-3859 [Phone]
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Filing Company Information

Metropolitan Life Insurance Company. MetLife 1095 Avenue of the Americas New York, NY 10036-6796 (212) 578-2211 ext. [Phone]	CoCode: 65978 Group Code: -99 Group Name: FEIN Number: 13-5581829 -----	State of Domicile: New York Company Type: Life State ID Number:
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	1 form @ \$25.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>META-126151470</i>	<i>State:</i>	<i>Arkansas</i>
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Metropolitan Life Insurance Company.	\$25.00	06/04/2009	28349718
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	06/10/2009	06/10/2009

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Disposition

Disposition Date: 06/10/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC		Yes
Supporting Document	EOV		Yes
Form	LTC Selector		Yes

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Form Schedule

Lead Form Number: ADF#1884.09							
Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1884.09	Advertising	LTC Selector	Initial		0	ADF#1884.09 LTCI Selector.pdf



MetLife Long-Term Care Insurance SelectorSM

Patent Pending

MetLife LTC LifeStage AdvantageSM

ADF#1884.09

For Producer Use with Clients

Important Notice to Producers:

The MetLife Long-Term Care Insurance SelectorSM (the "Selector") is intended solely as a means to initiate a discussion about your client's preferences for addressing the potential future need for long-term care with respect to use of retirement income and/or relying on family members. The strength of these preferences as measured by responses to statements contained in the Selector is one of the many factors to be considered in assisting a client with decisions about long-term care insurance.

The text in quotation marks is for you to read to your client. Once filled in by you based on the use of the cost of care information and your client's stated preferences, the Selector's Long-Term Care Insurance Policy Design Table presents some key components of a policy design. This information is solely for the purpose of further discussion of your client's specific situation and particular needs.

The Total Benefit Amount, Monthly Benefit Amount, Plan Type, and Benefit Increase Option recorded by you in the Long-Term Care Insurance Policy Design Table may be used to help make choices on an application for long-term care insurance after the choices have been determined to be suitable for your client's specific financial situation and particular needs. Furthermore, before an application for long-term care insurance is submitted your client must receive all required information about long-term care insurance and the particular MetLife policy, including the Outline of Coverage, The Shopper's Guide to Long-Term Care Insurance, the Rate Disclosure Form and the Replacement Notice (if necessary).

"The MetLife Long-Term Care Insurance SelectorSM can help establish a starting point for discussion about your Long-Term Care Insurance needs by considering your personal preferences and family situation in arriving at an amount of coverage and a plan design that might be right for you in light of your age and the cost of long-term care. Of course, there are other important factors such as your income and assets, but answering a few questions about personal preferences regarding long-term care can help as you begin to make decisions about how to address the potentially significant expense of long-term care."

• Not a Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

State	Area	Estimated* Total Cost of a Long-term Care Experience	Average** Monthly Cost of Care	State	Area	Estimated* Total Cost of a Long- term Care Experience	Average** Monthly Cost of Care
AK	Statewide	\$385,714	\$16,980	MS	Jackson Area	\$123,976	\$5,250
AL	Birmingham	\$114,252	\$4,800	MS	Rest of State	\$129,034	\$5,310
AL	Montgomery	\$131,106	\$5,580	MT	Billings	\$121,903	\$4,980
AL	Rest of State	\$115,294	\$4,500	MT	Rest of State	\$120,063	\$4,860
AR	Little Rock Area	\$102,792	\$4,200	NC	Charlotte	\$131,523	\$5,460
AR	Rest of State	\$91,772	\$3,690	NC	Raleigh/Durham	\$125,585	\$5,220
AZ	Phoenix	\$124,705	\$5,040	NC	Rest of State	\$122,343	\$5,070
AZ	Tucson	\$123,200	\$5,040	ND	Fargo	\$102,456	\$4,080
AZ	Rest of State	\$129,451	\$5,190	ND	Rest of State	\$100,720	\$3,930
CA	Los Angeles	\$134,428	\$5,490	NE	Omaha	\$131,187	\$5,340
CA	San Diego	\$141,455	\$5,850	NE	Rest of State	\$98,879	\$3,810
CA	San Francisco	\$179,365	\$7,500	NH	Statewide	\$179,678	\$7,410
CA	Rest of State	\$141,767	\$5,760	NJ	Cherry Hill Area	\$193,314	\$8,250
CO	Denver	\$134,845	\$5,370	NJ	Bridgewater Area	\$182,942	\$7,770
CO	Colorado Springs	\$136,790	\$5,460	NJ	Rest of State	\$179,365	\$7,500
CO	Rest of State	\$134,093	\$5,370	NM	Albuquerque	\$126,858	\$5,070
CT	Hartford Area	\$226,895	\$9,630	NM	Rest of State	\$111,219	\$4,590
CT	Stamford Area	\$256,274	\$10,920	NV	Las Vegas	\$138,758	\$5,760
CT	Rest of State	\$231,641	\$9,780	NV	Rest of State	\$136,917	\$5,640
DC	Washington	\$188,672	\$8,070	NY	New York	\$242,916	\$10,650
DE	Wilmington Area	\$156,468	\$6,510	NY	Syracuse Area	\$198,604	\$8,460
DE	Rest of State	\$161,759	\$6,720	NY	Rochester	\$207,784	\$8,850
FL	Jacksonville	\$128,722	\$5,400	NY	Rest of State	\$209,184	\$8,880
FL	Orlando	\$140,598	\$5,880	OH	Columbus Area	\$134,324	\$5,520
FL	Miami	\$141,038	\$5,970	OH	Cleveland	\$142,647	\$5,940
FL	Rest of State	\$136,813	\$5,670	OH	Cincinnati	\$143,295	\$5,970
GA	Marietta Area	\$119,750	\$4,950	OH	Rest of State	\$127,089	\$5,220
GA	Atlanta	\$119,750	\$4,590	OK	Oklahoma City	\$94,469	\$3,780
GA	Rest of State	\$112,724	\$4,590	OK	Tulsa	\$98,463	\$3,930
HI	Statewide	\$172,235	\$7,170	OK	Rest of State	\$91,980	\$3,630
HI	Honolulu	\$183,150	\$7,710	OR	Portland	\$151,178	\$6,300
HI	Rest of State	\$235,322	\$10,020	OR	Eugene Area	\$150,426	\$6,300
IA	Des Moines Area	\$113,997	\$4,440	OR	Rest of State	\$146,305	\$5,970
IA	Rest of State	\$97,687	\$3,720	PA	Pittsburgh	\$176,460	\$7,470
ID	Boise	\$141,895	\$5,940	PA	Scranton Area	\$143,944	\$6,000
ID	Rest of State	\$124,392	\$5,130	PA	Philadelphia Area	\$170,417	\$7,260
IL	Highland Park Area	\$148,794	\$6,120	PA	Rest of State	\$161,006	\$6,720
IL	Chicago	\$114,669	\$4,680	RI	Providence	\$163,912	\$6,750
IL	Peoria Area	\$110,988	\$4,440	RI	Rest of State	\$163,263	\$6,720
IL	Rest of State	\$108,499	\$4,290	SC	Columbia Area	\$121,047	\$5,010
IN	Indianapolis	\$113,685	\$4,530	SC	Charleston	\$123,096	\$5,070
IN	Fort Wayne Area	\$123,848	\$5,070	SC	Rest of State	\$116,509	\$4,800
IN	Rest of State	\$117,134	\$4,620	SD	Rapid City Area	\$129,242	\$5,250
KS	Wichita	\$94,573	\$3,750	SD	Rest of State	\$109,795	\$4,350
KS	Rest of State	\$87,443	\$3,420	TN	Nashville Area	\$130,539	\$5,310

KY	Louisville	\$127,425	\$5,340	TN	Memphis	\$114,564	\$4,710
KY	Lexington Area	\$128,282	\$5,310	TN	Rest of State	\$114,437	\$4,530
KY	Rest of State	\$121,776	\$4,800	TX	Dallas/Ft. Worth	\$97,919	\$3,870
LA	Baton Rouge	\$92,860	\$3,810	TX	Houston	\$100,407	\$4,020
LA	Shreveport Area	\$94,596	\$3,960	TX	Austin	\$96,414	\$3,870
LA	Rest of State	\$93,821	\$3,750	TX	Rest of State	\$95,013	\$3,840
MA	Worcester Area	\$210,585	\$8,910	UT	Salt Lake City	\$117,238	\$4,590
MA	Boston Area	\$202,366	\$8,460	UT	Rest of State	\$113,453	\$4,380
MA	Rest of State	\$201,614	\$8,460	VA	Alexandria Area	\$161,550	\$6,780
MD	Silver Spring	\$160,590	\$6,840	VA	Richmond Area	\$133,004	\$5,250
MD	Baltimore	\$158,205	\$6,660	VA	Rest of State	\$123,304	\$5,010
MD	Rest of State	\$151,827	\$6,330	VT	Statewide	\$167,801	\$6,930
ME	Southern Maine	\$175,267	\$7,380	WA	Seattle	\$174,828	\$7,290
ME	Rest of State	\$161,006	\$6,720	WA	Spokane	\$152,915	\$6,450
MI	Detroit Area	\$122,552	\$5,010	WA	Rest of State	\$152,787	\$6,270
MI	Rest of State	\$143,944	\$6,000	WI	Madison Area	\$151,491	\$6,210
MI	Grand Rapids	\$151,074	\$6,330	WI	Milwaukee	\$154,524	\$6,420
MO	Kansas City Area	\$99,759	\$3,990	WI	Rest of State	\$135,181	\$5,490
MO	Saint Louis	\$108,290	\$4,350	WV	Charleston Area	\$137,253	\$5,760
MO	Rest of State	\$93,381	\$3,660	WY	Statewide	\$128,594	\$5,220
MN	Minneapolis/St. Paul	\$110,524	\$4,140				
MN	Rochester Area	\$105,234	\$3,930				
MN	Rest of State	\$99,504	\$3,630				

*The estimate is weighted based on 2007 actual industry claims cited from the 2008 Sourcebook for Long-Term Care Insurance Information, Published by the American Association for Long-Term Care Insurance. The average cost of home care and nursing home care is based on The MetLife Market Survey of Adult Day Services & Home Care Costs, September 2008 and The MetLife Market Survey of Nursing Home & Assisted Living Costs, October 2008, MetLife Mature Market Institute. The following factors from these sources were used in the calculations: home care cost is weighted at 26%, nursing home cost is weighted at 55%, and a blend of both home care and nursing home care costs is weighted at 19%. Home care is based on 5 1/2 hours of services per day for 304 days; nursing home care is based on 876 days of service.]

**Average Monthly Cost of Care is based on the cost for Nursing Home Care, as this is generally the most expensive level of care.

I. How Much is Enough?

Begin the Plan Design Interview:

"As you can see by this chart, the cost of long-term care can vary significantly based on where you live. We will use the cost of care in your area – or where you plan to retire – as a starting point, as we put together a plan that can be customized to your needs. A long-term care experience can consist of receiving care in different settings: your home, an assisted-living facility or a nursing home. We will consider these settings as we look at the total cost of care in this chart. The total cost of care is a blended number based on industry claims data and the MetLife Mature Market Institute cost of care data.* We will also look for the average monthly cost of care in your area, which is based on nursing home care, as this type of care tends to be the most expensive.

First, we will identify the geographic area where you live now or where you plan to retire. Then we will narrow down an amount of coverage and a policy design for your consideration."

Instructions:

Using the chart on the opposite page, find the area where your client currently lives or plans to retire. Determine the Estimated Total Cost of a Long-Term Care Experience and Average Monthly Cost of Care.

Record these amounts in boxes 1 and 2 of the Long-Term Care Insurance Policy Design Table.

Next, insert your client's age in box 3 of the Long-Term Care Insurance Policy Design Table.

*** A detailed description of the methodology can be found at the bottom of page 4.**

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"Average cost of care in your area is an important consideration when determining how much coverage you need. However, what is right for you may be more or less than that amount, or the same.

"Your responses to the following three questions will help measure some of your attitudes and preferences with respect to your retirement income and your family situation as they relate to addressing the potential future need for long-term care. Your feelings about the questions and your responses will be a starting point to discuss an amount of coverage and policy design that may be right for you. As you will see, the extent to which you agree or disagree with the following statements will help determine the monthly and total benefit amounts in a policy design for your consideration and our further discussion in light of your other needs and financial resources."

Circle Your Client's Stated Preferences					
1. I am comfortable relying on family or friends who live nearby to provide and/or coordinate care in the event I need help.	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
2. I am comfortable allocating a portion of my retirement income and assets to help pay for any long-term care expenses I may incur.	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
3. I am comfortable having less coverage today than I may ultimately need as long as I have the right to increase my coverage in the future.	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

Instructions: Circle your client's answers in the table to the right. Add the scores to determine your client's Benefit Adjustment Score. Record this score in box 4 of the Long-Term Care Insurance Policy Design Table.

Question	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Score
1.	1	2	3	4	5	
2.	1	2	3	4	5	
3.	1	2	3	4	5	
Benefit Adjustment Score → <i>Record in box 4 below.</i>						

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Find the Total Benefit Amount

Step 1. Refer to box 1 in the Long-Term Care Insurance Policy Design Table and mark the appropriate box below. Estimated Total Cost of a Long-Term Care Experience:

Under \$150,000

\$150,001-\$250,000

\$250,001 & Up

Step 2. Select the corresponding initial Total Benefit Amount

\$75,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000	\$1,000,000	

Step 3. Based on your client's Benefit Adjustment Score, found in box 4 of the Long-Term Care Insurance Policy Design Table, use the Total Benefit Amount Adjustment table below to adjust the initial Total Benefit Amount. Mark the new box above and record the **Total Benefit Amount** in box 5 of the Long-Term Care Insurance Policy Design Table.

Total Benefit Amount Adjustment Table	
Benefit Adjustment Score	Total Benefit Amount Adjustment
3 –5 points	No Adjustment Required
6 –9 points	Increase By 1 Total Benefit Amount
10-13 points	Increase By 2 Total Benefit Amounts
14-15 points	Increase By 3 Total Benefit Amounts

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Find the Monthly Benefit Amount

Step 1. Refer to box 2 in the Long-Term Care Insurance Policy Design Table and mark the appropriate box below. Average Monthly Cost of Care:

The diagram shows five benefit amount ranges at the top, each with a selection box and a blue arrow pointing to a corresponding shaded box in a row below. The ranges and their corresponding benefit amounts are:

Benefit Amount Range	Initial Monthly Benefit Amount
Under \$3,500	\$3,000
\$3,501–\$6,500	\$6,000
\$6,501–\$9,500	\$9,000
\$9,501–\$12,500	\$12,000
Over \$12,500	\$15,000

Step 3. Based on your client's Benefit Amount, select the corresponding initial Monthly Benefit Amount.

Benefit Adjustment Score	Monthly Benefit Amount Adjustment
3 –5 points	Reduce By 1 Monthly Benefit Amount
6 –13 points	No Adjustment Required
14 points	Increase By 1 Monthly Benefit Amount
15 points	Increase By 2 Monthly Benefit Amounts

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II. Simple Advantage or Custom Advantage?

Instructions

Selecting the type of plan for the initial discussion is based on your client's **Monthly Benefit Amount**, **age** and **Benefit Adjustment Score**.

Monthly Benefit Amount from Box 6 in Table	Age	Benefit Adjustment Score	Policy Recommendation
\$3,000 or \$6,000	Age 18 – 61	3 – 9 Points	Write Simple Advantage in box 7 of the Long-Term Care Insurance Policy Design Table. You may skip the next page and go directly to page [11].
\$3,000 or \$6,000	Age 18 – 61	10 – 15 Points	Write Custom Advantage in box 7 of the Long-Term Care Insurance Policy Design Table. Proceed to the next question on page [10.]
	Age 62 – 85	3 – 15 Points	
\$9,000, \$12,000 or \$15,000	Age 18 – 85	3 – 15 Points	

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Complete only if Custom Advantage is Selected

Begin the Inflation Discussion

Circle Your Client's Stated Preference					
1. Given my personal circumstances and preferences, it is important that my long-term care benefit amount increases over time to keep up with inflation.	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

Instructions:

Based on your client's age and answer above, use the grid below to identify a Benefit Increase Option for consideration and record in box 8 of the Long-Term Care Insurance Policy Design Table.

Age	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Under 61	5% or 3%	3%	3% or FPO	FPO	
61-76	5% or 3%	3%	FPO		FPO or None
Over 76	5% or 3%	3%	FPO		None

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[Partnership State Notice

If your client lives in a state that is part of the Partnership Program established under the Deficit Reduction Act of 2005, he or she may want to consider selecting a Custom Advantage policy with an appropriate Benefit Increase Option that will allow the policy to qualify under this program.

This program adds an additional layer of protection by potentially disregarding an amount of your client's assets for the purpose of determining eligibility for Medicaid if policy benefits are ever exhausted. Each state that is part of the Partnership Program has established its own Partnership Requirements for what constitutes a Partnership-Qualified Long-Term Care Insurance Policy.

Contact MetLife for more information on Long-Term Care Insurance Partnership in your state.]

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MetLife LifeStage Advantage Long-Term Care Insurance Policy Choices

Simple Advantage	Custom Advantage
<p>“This plan gives you the flexibility to increase your coverage amount to as much as double your original total benefit amount, up to age 65 as long as you are not benefit eligible.”</p> <p>“Over time, inflation can have an impact on the value of your money. For example, a \$3,000 monthly benefit a few years from now will likely pay for <i>fewer</i> services than it would today. This plan comes with the option to increase the amount of coverage in the future without additional underwriting, but unlike the Custom Advantage plan, does not come with an option designed to specifically address the impact of inflation.”</p>	<p>“Depending on the Benefit Increase Option selected below, your coverage amount may increase over time to keep pace with inflation and the rising cost of long-term care services.”</p> <p>“Please keep in mind, depending on your budget and other competing financial priorities – or if you are comfortable with owning less coverage today than you may ultimately need as long as you have the right to increase coverage in the future – you may want to consider the Simple Advantage policy and building your benefit over time. Note that Simple Advantage is only available if you are under age 62.”</p>
<p style="text-align: center;">There are three optional benefits you can also consider:</p> <p style="text-align: center;">[Shared Care – Offers couples the ability to share their total benefit amounts with each other.]</p> <p style="text-align: center;">[Nonforfeiture – Guarantees you a reduced level of coverage if you stop paying premiums after three years.]</p> <p style="text-align: center;">[Cash Benefit Rider – Allows you to receive monthly cash payments rather than reimbursement for the care you receive.]</p>	

“Congratulations! You have completed MetLife’s Long-Term Care Insurance Selector. You should have a better idea on where to start when evaluating your options for Long-Term Care Insurance. This policy design is a starting point to begin a discussion about all policy options.

Long-Term Care Insurance Policy Design Table

Average Total Cost of a Long-Term Care Experience	\$ 1	Average Monthly Cost of Care	\$ 2
Client’s Age	 3	Benefit Adjustment Score	 <i>points</i> 4
Policy Design Features			
Total Benefit Amount	\$ 5	Monthly Benefit Amount	\$ 6
MetLife LifeStage Advantage Plan Type	 7		
Benefit Increase Option (only applicable with Custom Advantage)	 8		
Please note that if the LTCI Policy Design Table does not indicate the 5% Benefit Increase Option for your client, you must present your client with information regarding this option, including the illustration in the Outline of Coverage.			

Trust the strength of MetLife

- Since 1868, MetLife has been one of the largest and most respected financial institutions in the U.S.
- [MetLife consistently receives high marks on our ability to meet obligations to our policyholders by looking at our overall financial picture and claims-paying history.]
- Our unique, industry-leading resource, the MetLife Mature Market Institute® (MMI) is a dedicated information and policy research center on aging, retirement and long-term care. Staffed with gerontologists, MMI is a true advocate for the 50+ market with a genuine commitment to the industry.
- In 1983 MetLife established a dedicated unit to exclusively focus on the LTCI product offering and is one of the largest LTCI carriers in the U.S. today.
- MetLife uses simple approval and claims processes which ensure smooth and timely payments to eligible claimants. Claims are generally paid on average within 10 business days of receipt of all required information.
- MetLife sends satisfaction surveys to 100% of insureds who become eligible for benefits. [Over 95% rate their experience as either excellent or very good.]

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") Individual Long-Term Care ("LTC") Insurance coverage is offered by policy number: LTC2007. In some states, this identifier may be followed by a revised edition date; the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Call me about complete costs and details.

Since benefits under the Cash-Benefit Rider will be paid without regard to actual charges incurred, there is a chance that the benefits paid may exceed limitations prescribed by the Internal Revenue Code and could be considered income. In determining the excludible amount, proceeds from all sources of long term care coverage (e.g. other policies and Medicare) must be aggregated.

Most insurance policies contain exclusions, limitations, reduction of benefits and terms for keeping them in force. Your representative can provide you with costs and complete details.

Metropolitan Life Insurance Company

New York, NY 10166

L0309028414[exp0410][All States][DC]

<i>SERFF Tracking Number:</i>	<i>META-126151470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42576</i>
<i>Company Tracking Number:</i>	<i>I09-15 A</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual LTCI Advertising</i>		
<i>Project Name/Number:</i>	<i>I09-15 A/I09-15 A</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-126151470	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	42576
Company Tracking Number:	I09-15 A		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual LTCI Advertising		
Project Name/Number:	I09-15 A/I09-15 A		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	NAIC	05/17/2009
Comments:		
Attachment:		
AR _ NAIC_Individual.pdf		

	Review Status:	
Satisfied -Name:	EOV	06/04/2009
Comments:		
Attachment:		
ADF#1884.09 LTC Selector EOv.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number: I09-15 A		
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #		
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large
	Group	<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	
9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance	
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified	

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	June 5, 2009
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date See EFT Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number See EFT
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u> Print Name <u>Mary J. Rinaldi</u> Title: <u>Consultant-Compliance/Marketing/AD</u> Original Signature <u><i>Mary J. Rinaldi</i></u> Date <u>June 5, 2009</u>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I09-15 A
This filing corresponds to rate filing company tracking number		NA

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	LTC Selector SM	ADF#1884.09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		NA		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

LTC Selector

ADF#1884.09

There is only one type of variable material set forth in brackets. That is:

1. Specific variable material

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below. Please also note that this piece is being filed not in its final format. The formatting on this piece will change but the content will remain the same.

Section	Explanation
Bottom of Page 2	The Bank Bullets (FDIC) are bracketed because this piece will be used by two distribution channels. One of which requires that the Bank Bullets appear and one that does not use them at all.
Page 3	Chart and corresponding footnotes are bracketed for updating. This information is updated every year by the Mature Market Institute and in order to give clients the most up to date information we update these numbers each year when the new report is released.
Page 4	Chart and corresponding footnotes are bracketed for updating. This information is updated every year by the Mature Market Institute and in order to give clients the most up to date information we update these numbers each year when the new report is released.
Page 7	Numbers are bracketed in the event that a certain benefit amount is no longer offered in the future.
Page 8	Numbers are bracketed in the event that a certain benefit amount is no longer offered in the future.
Page 9	[10] and [11] are bracketed in the event that page numbers change.
Page 11	Partnership information is bracketed so that it can be removed in states that do not have partnership. If a state does not have partnership, this page will not appear.
Page 12	Riders are bracketed at the bottom of the page so that they can be easily removed if they are no longer offered in the future.
Page 14	[MetLife consistently receives high marks...] is bracketed in the event that this is no longer the case and needs to be removed. [Over 95% rate their experience as very good...] is bracketed in the event that this is no longer the case and the percentage changes.